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<b>State:</b>	Arkansas	<b>Filing Company:</b>	New York Life Insurance and Annuity Corporation
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	EB GI Application 2		
<b>Project Name/Number:</b>	EB GI Application 2/313-650		

## Filing at a Glance

Company:	New York Life Insurance and Annuity Corporation
Product Name:	EB GI Application 2
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	09/06/2012
SERFF Tr Num:	NYLC-128674609
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	313-650
Implementation	On Approval
Date Requested:	
Author(s):	Linda Lopinto, Robert Williams III, Ariana Castillo, Wanda Santos-Colletti, Barbara Micek
Reviewer(s):	Linda Bird (primary)
Disposition Date:	09/11/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

**State:** Arkansas  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** EB GI Application 2  
**Project Name/Number:** EB GI Application 2/313-650

**Filing Company:** New York Life Insurance and Annuity Corporation

## General Information

Project Name: EB GI Application 2  
Project Number: 313-650  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 09/11/2012  
State Status Changed: 09/11/2012  
Created By: Robert Williams III  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Robert Williams III

### Filing Description:

Re: NAIC #: 82691596  
Individual Life Insurance  
Guaranteed Issue Life Application 313-650

Dear Commissioner:

We are enclosing for your Department's approval, a revised Guaranteed Issue Life Application form 313-650. This form is identical to (with a few exceptions) and will replace previously approved application form 312-650AR. This form was recently approved on 5/11/2012 under SERFF# NYLC-128337220 and will only be used for individual life insurance products. We would like to note, however, that the previously approved application was never introduced and thus never used.

This application will be used when applying for all corporate owned/sponsored and bank owned life variable and universal life insurance products made available by New York Life on a guaranteed issued basis. This new application will be used in paper pdf form as well as electronically, which will be exactly as the paper version and will be printed out for an actual signature.

Due to New York Insurance Department's Regulation 200, we had to revise sections of the previously approved application. We also modified a few sections that that needed clarification. They are:

- For Regulation 200, we added Telephone Number to Owner Section 2
- Added Telephone Number and Email Address to Proposed Insured Section 3
- Added, "or attach a separate sheet" to Beneficiary Section 9
- For Regulation 200, modified the format of Beneficiary Section 9 to accommodate Date of Birth and Telephone Number
- Changed "you" to "Proposed Insured" in Section 11 (A) and (C) and Section 12
- Added "For any Yes answer, please provide information" as the last sentence in Section 14
- Removed form number from Producer's Statement as this is not a part of the application

We hope that this information is satisfactory and that we can receive your Department's approval of this submission as soon as possible.

If you have any further questions or comments in this regard, please feel free to contact Diana Moody at 1-888-695-4748 ext. 2664064 or via email at [dmoody@nyl.com](mailto:dmoody@nyl.com).

Sincerely,  
Linda E. LoPinto

**State:** Arkansas  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** EB GI Application 2  
**Project Name/Number:** EB GI Application 2/313-650

**Filing Company:** New York Life Insurance and Annuity Corporation

Corporate Vice President

## Company and Contact

### Filing Contact Information

Robert Williams III, Contract Consultant      Robert\_Williams\_III@nyl.com  
51 Madison Avenue      212-576-3449 [Phone]  
Room 0154      212-447-4141 [FAX]  
New York, NY 10010

### Filing Company Information

New York Life Insurance and Annuity Corporation      CoCode: 91596      State of Domicile: Delaware  
51 Madison Ave      Group Code: 826      Company Type: Life  
New York, NY 10010      Group Name: NYLIC      State ID Number:  
(212) 576-4809 ext. [Phone]      FEIN Number: 13-3044743

## Filing Fees

Fee Required?      Yes  
Fee Amount:      \$50.00  
Retaliatory?      Yes  
Fee Explanation:  
Per Company:      No

Company	Amount	Date Processed	Transaction #
New York Life Insurance and Annuity Corporation	\$50.00	09/06/2012	62338450

<b>SERFF Tracking #:</b>	NYLC-128674609	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	313-650
<b>State:</b>	Arkansas	<b>Filing Company:</b>	New York Life Insurance and Annuity Corporation		
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other				
<b>Product Name:</b>	EB GI Application 2				
<b>Project Name/Number:</b>	EB GI Application 2/313-650				

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/11/2012	09/11/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	New York Life Insurance and Annuity Corporation
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	EB GI Application 2		
<b>Project Name/Number:</b>	EB GI Application 2/313-650		

## Disposition

Disposition Date: 09/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Redline Application		Yes
Form	Guaranteed Issue Life Application		Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	New York Life Insurance and Annuity Corporation
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	EB GI Application 2		
<b>Project Name/Number:</b>	EB GI Application 2/313-650		

## Form Schedule

Lead Form Number: 313-650AR							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		313-650AR	AEF	Guaranteed Issue Life Application	Revised: Replaced Form #: 312-650 Previous Filing #:		313-650AR.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



# GUARANTEED ISSUE APPLICATION FOR EXECUTIVE BENEFITS INDIVIDUAL LIFE INSURANCE

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (NYLIAC) (A Delaware Corporation)

Executive Office: 51 Madison Avenue, New York, NY 10010

Servicing Office: The Advanced Markets Network, 11400 Tomahawk Creek Pkwy, Suite 200, Leawood, KS 66211

Please Print or Type

## 1. PROPOSED INSURED INFORMATION

☐ See Issue Census

Gender: ☐ Male ☐ Female

Name (First, Middle Initial, Last, Suffix)

Date of Birth (MM/DD/YYYY)

Social Security No. or Tax ID No. ☐ Applied for

### Complete if Individually Owned

Home Address

City

State

Zip Code

Work Address

City

State

Zip Code

Country of Citizenship

Telephone Number (Daytime)

Telephone Number (Evening)

Visa/Work Authorization (non U.S. citizens only)

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration: Month \_\_\_\_\_ Year \_\_\_\_\_

## 2. OWNER INFORMATION

☐ Same as Proposed Insured

If not the Proposed Insured, Owner is a: ☐ Company ☐ Trust ☐ Financial Institution ☐ Other

Name (First, Middle Initial, Last, Suffix) or Full Name of Entity/Trust if not an Individual

Street

City

State

Country

Zip Code

Date of Birth (MM/DD/YYYY)

Social Security or Tax ID No. ☐ Applied for

Trustee Name

Trust Date

Relationship to Proposed Insured

Telephone Number

Country of Citizenship/Domicile

Visa/Work Authorization (non U.S. citizens only)

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration: Month \_\_\_\_\_ Year \_\_\_\_\_

## 3. PLAN SPONSOR INFORMATION

☐ Same as Owner

Name of Entity

Tax ID No. ☐ Applied for

Street

City

State

Country

Zip Code

Name of Plan Sponsor Contact

Telephone Number

Email Address

Name of Alternate Plan Sponsor Contact

Telephone Number

Email Address

## 4. TYPE OF PLAN

☐ Deferred Compensation ☐ SERP ☐ Split Dollar ☐ 162 Bonus ☐ Other \_\_\_\_\_

## 5. PRODUCT AND RIDER SELECTION

Bank Owned Life Insurance (BOLI): ☐ BOLI 40 ☐ BOLI 50 ☐ Other: \_\_\_\_\_

Corporate Owned Life Insurance (COLI): ☐ CEAVUL ☐ CorpExec UL ☐ CorpExec VUL ☐ Other: \_\_\_\_\_

Rider 1: \_\_\_\_\_ Rider 2: \_\_\_\_\_ Unisex Rates: ☐ Yes ☐ No

Life Insurance Qualification Test: ☐ GPT ☐ CVAT

## 6. COVERAGE INFORMATION

☐ See Issue Census

Base Face Amount: \$ \_\_\_\_\_ Term Face Amount: \$ \_\_\_\_\_

Life Insurance Benefit Option: ☐ Option 1-Level ☐ Option 2-Increasing  
☐ Option 3-Return of Premium (CEAVUL, CorpExec UL & CorpExec VUL)

**7. POLICY DATE**

Policy Date (MM/DD/YYYY): \_\_\_\_\_

**8. PREMIUM AND BILLING INFORMATION** ☐ See Issue CensusPremium Paid at Issue: \$ \_\_\_\_\_ Billing Frequency: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Single

Planned Premium in Year 1: \$ \_\_\_\_\_

Planned Premium in Years 2-10:

Year 2: \$ \_\_\_\_\_ Year 5: \$ \_\_\_\_\_ Year 8: \$ \_\_\_\_\_

Year 3: \$ \_\_\_\_\_ Year 6: \$ \_\_\_\_\_ Year 9: \$ \_\_\_\_\_

Year 4: \$ \_\_\_\_\_ Year 7: \$ \_\_\_\_\_ Year 10: \$ \_\_\_\_\_

**9. BENEFICIARY INFORMATION** Same as Owner: ☐ If a Trust, check here: ☐

If additional space is needed use "17. Additional Information/Details" or attach a separate sheet

	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Full Name/Trust Name and Trustee			
Address			
Telephone Number			
Date of Birth, if applicable	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY	____/____/____ MM DD YYYY
Social Security/Tax ID No.			
Relationship to Proposed Insured			
Percentage (%)			

**Other** \_\_\_\_\_**Note:** Unless otherwise specified, the surviving beneficiaries within a class (primary or contingent) will share equally.**10. REPLACEMENT**Does the life insurance for which you are applying replace, in whole or in part, any existing life insurance or annuity contract(s)? ..... ☐ Yes ☐ NoDo you intend now, or in the future, to take a loan against the cash value of any policy presently in force because of the new policy for which you are applying? ..... ☐ Yes ☐ No**11. CITIZENSHIP / WORK STATUS** ☐ See Issue CensusA. Is the Proposed Insured a U.S. citizen or does the Proposed Insured have a permanent U.S. resident status and currently reside in the U.S.? ..... ☐ Yes ☐ No

If "No", please provide details below including Visa type, country of citizenship, country of residence and any plans to become a U.S. citizen, if not already provided in Section 1 or 2.

B. Is the Proposed Insured currently engaged in active, full-time work (of at least 30 hours per week) in a normal capacity? ..... ☐ Yes ☐ No

If "No", please provide details below.

C. Is the Proposed Insured currently employed by, or a Director of, the Employer and has the Proposed Insured been actively at work as described in the previous question for the past 90 days? ..... ☐ Yes ☐ No

If "No", please provide details below.

D. During the 90 days immediately prior to the date of this application, has the Proposed Insured been hospitalized or otherwise absent from work due to illness or accident (not including vacation or holidays) for either more than 3 consecutive days or more than a total of 5 days? ..... ☐ Yes ☐ No

If "Yes", please provide details below.

Citizenship/Work Status Questions:

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**12. TOBACCO / NICOTINE USAGE** ☐ See Issue Census

Has the Proposed Insured used any tobacco, nicotine or any nicotine substitution product in any form in the last 12 months?  
☐ Yes ☐ No If "Yes", please provide details below, including type(s), frequency, and last date used.

Details to Tobacco/Nicotine Question:

**13. ILLUSTRATION**

**Do not complete this section if:** (1) A signed illustration is not required by law; or (2) An illustration was signed and matches the policy for which you are applying.

I, the Owner, acknowledge that:

- ☐ An illustration was not shown or given to me.  
☐ An illustration was shown or given to me, but the policy being applied for is different from the illustration.  
☐ An illustration was displayed to me on a screen that matches the policy(ies) applied for, but no printed copy of the illustration was furnished. The illustration on the screen included the following personal information: ☐ See Census

Type of Policy: \_\_\_\_\_ Proposed Insured: \_\_\_\_\_

Initial Death Benefit (Base Face Amount plus Term Face Amount): \_\_\_\_\_

Issue Age: \_\_\_\_\_ Gender: \_\_\_\_\_

I acknowledge that I did not sign an illustration for the reason stated above and I understand that an illustration matching the policy as issued will be provided for signature no later than at the time the policy is delivered.

**14. POLICY TRANSFERS / PREMIUM FINANCING**

Does the Proposed Insured or Owner plan to transfer any right, title, or ownership interest in the policy being applied for to a third party, or has any of these parties ever transferred any rights, title or ownership in any life insurance policy to a third party? ..... ☐ Yes ☐ No

Is any part of the premium for this policy being financed by a third party, or has the Proposed Insured or Owner been offered any inducement, fee or compensation, including "free life insurance," as an inducement to purchase life insurance? ..... ☐ Yes ☐ No

If the Proposed Insured or Trust, other than a Trust established by the Employer, is the Owner complete the following question:

Has the Proposed Insured or Owner, within the past twelve months, authorized any third party to have a life settlement or viatical company review the Proposed Insured's medical status? ..... ☐ Yes ☐ No

For any "Yes" answer, please provide information in Section "17. Additional Information/Details."

**15. AGREEMENT**

**Those persons who sign below agree that:**

1. All of the statements in this application are correctly recorded, and are complete and true to the best of the knowledge and belief of those persons who made them. Answers that are not true and complete may, subject to the policy's Incontestability Provision, invalidate coverage.
2. No agent or medical examiner has any right to accept risks, make or change contracts, or give up any of NYLIAC's rights or requirements.
3. The issuance of the policy is contingent on the completion and NYLIAC's receipt of the Issue Census and the Consent to Insurance, if attached, which are incorporated into and become a part of this application.
4. To put a policy or benefit issued in response to this application in force, the policy or written evidence of the benefit must be delivered to the Owner and the full first premium paid while all persons to be covered are living.
5. The policy date is the date from which policy charges are calculated and become due. The effective date of coverage is the later of the policy date or the date the first premium is paid. Unless Binder coverage is obtained, coverage does not begin until the effective date. If the policy date is earlier than the effective date of coverage, the policy owner pays policy charges calculated beginning on that earlier policy date although coverage does not begin until the effective date. At the time of the application, on or before the effective date, the Owner can select a policy date. The policy date may be chosen to correspond to the effective date, to obtain a lower premium rate based on a younger insurance age, because it is preferable to pay premiums on that date or have policy values accrue as on that date, or for other reasons. If no specific policy date is selected, and if no Binder coverage is obtained, the policy date will be the date that the initial premium is received.
6. For Employer Owned - The employer may be subject to IRS record keeping and annual reporting requirements relating to employer-owned life insurance contracts. Please consult with your tax advisor.
7. **WARNING:** The arrangement of a sale, transfer or assignment of this policy, prior to or within a period of time specified by state law after the date the policy was issued, to a third party, such as a viatical settlement entity, a life settlement entity, other secondary market provider or premium financing entity, may violate the law of your state of residence. If there are any questions pertaining to these matters please consult with your legal advisor.

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Please refer to each Section Number when providing additional details and remarks.

Section No.

[illegible]

Under penalties of perjury, I (as the Owner) certify that: (1) the Social Security or Employer ID Number shown in this application is my correct taxpayer identification number, or I am awaiting a number to be issued to me (noted as "Applied for") AND (2) I am not subject to backup withholdings because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholdings as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding (cross out item 2 if the IRS has notified you that you are subject to backup withholding.) and (3) I am a U.S. person (including a U.S. resident alien).

**The Internal Revenue Service Does Not Require Your Consent To Any Provision Of This Document Other Than The Certifications Required To Avoid Backup Withholding.**

By signing below, I/We understand that I/We are acknowledging and agreeing to all of the statements and representations made in this application, including sections entitled, Illustration (if applicable), Agreement and Tax Certification. As Owner(s), I/We accept and adopt as true all of the statements in this application made by the Proposed Insured.

Dated at (City, State): \_\_\_\_\_, on (MM/DD/YYYY): \_\_\_\_\_

Proposed Insured

Print or Type Name

Owner (if other than Proposed Insured)

Print or Type Name

## Title

Countersigned by Licensed Resident Agent (if required)

Other Required Signature



**PRODUCER'S STATEMENT**  
**(Not a part of the Application)**

**1. REPLACEMENT**

Is replacement involved in this transaction?    ☐ Yes    ☐ No

If "Yes," please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. PRODUCER INFORMATION**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**3. BROKER/DEALER INFORMATION (Variable Cases Only)**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**4. LICENSING**

In what state(s) will this policy/policies be issued? \_\_\_\_\_  
Is the Producer licensed in this/these state(s)? ..... ☐ Yes    ☐ No  
Is the Broker/Dealer licensed in this/these state(s) (variable cases only)? ..... ☐ Yes    ☐ No  
Is the Producer appointed with NYLIAC in this/these state(s)? ..... ☐ Yes    ☐ No  
Is the Broker/Dealer appointed with NYLIAC in this/these state(s) (variable cases only)? ..... ☐ Yes    ☐ No

**5. PLAN SERVICING ENTITY INFORMATION**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Tax ID \_\_\_\_\_

**6. SIGNATURES**

I, the Producer, declare that: (a) the application was secured by me personally, and that I have no understanding or agreement with any other person, directly or indirectly, as to commissions or compensation on any applied for, except as may be specified below; and, (b) I have not paid or allowed, and I agree that I will not hereafter pay or allow, either directly or indirectly to be paid, any compensation or commission other than that specified below, or any rebate or premium in any manner whatsoever.

Dated at (City, State): \_\_\_\_\_, on (MM/DD/YYYY): \_\_\_\_\_

Print Full Name	Signature	Marketer Number	%
Print Full Name	Signature	Marketer Number	%
Print Full Name	Signature	Marketer Number	%
Print Full Name	Signature	Marketer Number	%
Print Full Name	Signature	Marketer Number	%
			Must Total 100%

<b>State:</b>	Arkansas	<b>Filing Company:</b>	New York Life Insurance and Annuity Corporation
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	EB GI Application 2		
<b>Project Name/Number:</b>	EB GI Application 2/313-650		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Readability Cert.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Redline Application		
Comments:			
Attachment(s):			
312-650 redline.pdf			

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

READABILITY CERTIFICATION

I certify that the form listed on the attached page(s) meet the standards of your State's Readability Laws.

Flesch Score for form submitted with this filing is:

Form No.  
**313-650AR**

Flesch Score  
**50**

NEW YORK LIFE INSURANCE AN ANNUITY CORPORATION



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Signature

---

Linda E. LoPinto

Name

---

Corporate Vice President

Title

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September 6, 2012

Date



# GUARANTEED ISSUE APPLICATION FOR EXECUTIVE BENEFITS INDIVIDUAL LIFE INSURANCE

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (NYLIAC) (A Delaware Corporation)

Executive Office: 51 Madison Avenue, New York, NY 10010

Servicing Office: The Advanced Markets Network, 11400 Tomahawk Creek Pkwy, Suite 200, Leawood, KS 66211

Please Print or Type

## 1. PROPOSED INSURED INFORMATION

☐ See Issue Census

Gender: ☐ Male ☐ Female

Name (First, Middle Initial, Last, Suffix)

Date of Birth (MM/DD/YYYY)

Social Security No. or Tax ID No. ☐ Applied for

### Complete if Individually Owned

Home Address

City

State

Zip Code

Work Address

City

State

Zip Code

Country of Citizenship

Visa/Work Authorization (non U.S. citizens only)

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration: Month \_\_\_\_ Year \_\_\_\_

Telephone Number (Daytime)

Telephone Number (Evening)

## 2. OWNER INFORMATION

☐ Same as Proposed Insured

If not the Proposed Insured, Owner is a: ☐ Company ☐ Trust ☐ Financial Institution ☐ Other

Name (First, Middle Initial, Last, Suffix) or Full Name of Entity/Trust if not an Individual

Street

City

State

Country

Zip Code

Date of Birth (MM/DD/YYYY)

Social Security or Tax ID No. ☐ Applied for

Trustee Name

Add: Telephone  
Number

Trust Date

Relationship to Proposed Insured

Country of Citizenship/Domicile

Visa/Work Authorization (non U.S. citizens only)

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration: Month \_\_\_\_ Year \_\_\_\_

## 3. PLAN SPONSOR INFORMATION

☐ Same as Owner

Name of Entity

Tax ID No. ☐ Applied for

Street

City

State

Country

Zip Code

Name of Plan Sponsor Contact

Add: Telephone  
Number and Email  
Address

Name of Alternate Plan Sponsor Contact

## 4. TYPE OF PLAN

☐ Deferred Compensation ☐ SERP ☐ Split Dollar ☐ 162 Bonus ☐ Other \_\_\_\_\_

## 5. PRODUCT AND RIDER SELECTION

Bank Owned Life Insurance (BOLI): ☐ BOLI 40 ☐ BOLI 50 ☐ Other: \_\_\_\_\_

Corporate Owned Life Insurance (COLI): ☐ CEAVUL ☐ CorpExec UL ☐ CorpExec VUL ☐ Other: \_\_\_\_\_

Rider 1: \_\_\_\_\_ Rider 2: \_\_\_\_\_ Unisex Rates: ☐ Yes ☐ No

Life Insurance Qualification Test: ☐ GPT ☐ CVAT

## 6. COVERAGE INFORMATION

☐ See Issue Census

Base Face Amount: \$ \_\_\_\_\_ Term Face Amount: \$ \_\_\_\_\_

Life Insurance Benefit Option: ☐ Option 1-Level ☐ Option 2-Increasing

☐ Option 3-Return of Premium (CEAVUL, CorpExec UL & CorpExec VUL)

Change form  
number to 313-650

## 7. POLICY DATE

Policy Date (MM/DD/YYYY): \_\_\_\_\_

## 8. PREMIUM AND BILLING INFORMATION ☐ See Issue Census

Premium Paid at Issue: \$ \_\_\_\_\_ Billing Frequency: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Single

Planned Premium in Year 1: \$ \_\_\_\_\_

Planned Premium in Years 2-10:

Year 2: \$ \_\_\_\_\_ Year 5: \$ \_\_\_\_\_ Year 8: \$ \_\_\_\_\_

Year 3: \$ \_\_\_\_\_ Year 6: \$ \_\_\_\_\_ Year 9: \$ \_\_\_\_\_

Year 4: \$ \_\_\_\_\_ Year 7: \$ \_\_\_\_\_

Add: or attach a  
separate sheet

## 9. BENEFICIARY INFORMATION ☐ Same as Owner: ☐ If a Trust, check here: ☐ If additional space is needed use "16. Additional Information/Details"

Primary (P)/ Contingent (C)	Name/Trust Name and Trustees	Relationship Proposed Insured	Security/ Number	%
<input type="checkbox"/> P <input type="checkbox"/> C				
<input type="checkbox"/> P <input type="checkbox"/> C				
<input type="checkbox"/> P <input type="checkbox"/> C				
<input type="checkbox"/> P <input type="checkbox"/> C				

Add slash mark " / " between Info and Details

Reformat section to include DOB & Telephone Number

Other \_\_\_\_\_

**Note:** Unless otherwise specified, the surviving beneficiaries within a class (primary or contingent) will share equally.

## 10. REPLACEMENT

Does the life insurance for which you are applying replace, in whole or in part, any existing life insurance or annuity contract(s)? ..... ☐ Yes ☐ No

Do you intend now, or in the future, to take a loan against the cash value of any policy presently in force because of the new policy for which you are applying? ..... ☐ Yes ☐ No

## 11. CITIZENSHIP / WORK STATUS ☐ See Issue Census

A. Is the Proposed Insured a U.S. citizen or do you have permanent U.S. resident status and do you currently reside in the U.S.? ..... ☐ Yes ☐ No

If "No", please provide details below including citizenship, country of residence, and date of birth (month, day, year) ..... ☐ Yes ☐ No

B. Is the Proposed Insured currently engaged in full-time employment (at least 30 hours per week) in normal capacity? ..... ☐ Yes ☐ No

If "No", please provide details below.

C. Is the Proposed Insured currently employed by you as described in the previous question? ..... ☐ Yes ☐ No

If "No", please provide details below.

D. During the 90 days immediately prior to the date of this application, has the Proposed Insured been hospitalized or otherwise absent from work due to illness or accident (not including vacation or holidays) for either more than 3 consecutive days or more than a total of 5 days? ..... ☐ Yes ☐ No

If "Yes", please provide details below.

Citizenship/Work Status Questions:

Change sentence to read, "...U.S. citizen or does the Proposed Insured have a permanent..."

Change to "and has the Proposed Insured been

Change to "has the Proposed Insured been

## 12. TOBACCO / NICOTINE USAGE ☐ See Issue Census

Have you used any tobacco, nicotine or any nicotine substitution product in any form in the last 12 months?... ☐ Yes ☐ No

If "Yes", please provide details below, including type(s), frequency, and last date used.

Details to Tobacco/Nicotine Question:

**Do not complete this section if:** (1) A signed illustration is not required by law; or (2) An illustration was signed and matches the policy for which you are applying.

I, the Owner, acknowledge that:

- ☐ An illustration was not shown or given to me.
- ☐ An illustration was shown or given to me, but the policy being applied for is different from the illustration.
- ☐ An illustration was displayed to me on a screen that matches the policy(ies) applied for, but no printed copy of the illustration was furnished. The illustration on the screen included the following personal information: ☐ See Census

Type of Policy: \_\_\_\_\_ Proposed Insured: \_\_\_\_\_

Initial Death Benefit (Base Face Amount plus Term Face Amount): \_\_\_\_\_

Issue Age: \_\_\_\_\_ Gender: \_\_\_\_\_

I acknowledge that I did not sign an illustration for the reason stated above and I understand that an illustration matching the policy as issued will be provided for signature no later than at the time the policy is delivered.

## 14. POLICY TRANSFERS / PREMIUM FINANCING

Does the Proposed Insured or Owner plan to transfer any right, title, or ownership interest in the policy being applied for to a third party, or has any of these parties ever transferred any rights, title or ownership in any life insurance policy to a third party? ..... ☐ Yes ☐ No

Is any part of the premium for this policy being financed by a third party, or has the Proposed Insured or Owner been offered any inducement, fee or compensation, including "free life insurance," as an inducement to purchase life insurance? ..... ☐ Yes ☐ No

If the Proposed Insured or Trust, other than a Trust established by the Employer, is the Owner complete the following question:

Has the Proposed Insured or Owner, within the past twelve months, authorized any third party to have a life settlement or viatical company review the Proposed Insured's medical status? ..... ☐ Yes ☐ No

## ~~15. AGREEMENT~~

Those persons who

New paragraph, add: For any "Yes" answer, please provide information in Section "17. Additional Information/Details."

- Section 17: Additional Information/Details."**
1. All of the statements and information provided by you and are complete and true to the best of the knowledge and belief of those persons who provided the information. If you provide false or incomplete information, the policy and complete may, subject to the policy's Incontestability Provision, invalidate coverage.
  2. No agent or medical examiner has any right to accept risks, make or change contracts, or give up any of NYLIAC's rights or requirements.
  3. The issuance of the policy is contingent on the completion and NYLIAC's receipt of the Issue Census and the Consent to Insurance, if attached, which are incorporated into and become a part of this application.
  4. To put a policy or benefit issued in response to this application in force, the policy or written evidence of the benefit must be delivered to the Owner and the full first premium paid while all persons to be covered are living.
  5. The policy date is the date from which policy charges are calculated and become due. The effective date of coverage is the later of the policy date or the date the first premium is paid. Unless Binder coverage is obtained, coverage does not begin until the effective date. If the policy date is earlier than the effective date of coverage, the policy owner pays policy charges calculated beginning on that earlier policy date although coverage does not begin until the effective date. At the time of the application, on or before the effective date, the Owner can select a policy date. The policy date may be chosen to correspond to the effective date, to obtain a lower premium rate based on a younger insurance age, because it is preferable to pay premiums on that date or have policy values accrue as on that date, or for other reasons. If no specific policy date is selected, and if no Binder coverage is obtained, the policy date will be the date that the initial premium is received.
  6. For Employer Owned - The employer may be subject to IRS record keeping and annual reporting requirements relating to employer-owned life insurance contracts. Please consult with your tax advisor.
  7. **WARNING:** The arrangement of a sale, transfer or assignment of this policy, prior to or within a period of time specified by state law after the date the policy was issued, to a third party, such as a viatical settlement entity, a life settlement entity, other secondary market provider or premium financing entity, may violate the law of your state of residence. If there are any questions pertaining to these matters please consult with your legal advisor.



## 16. ADDITIONAL INFORMATION / DETAILS

Please refer to each Section Number when providing additional details and remarks.

Section No.

This image shows a single page of white paper with horizontal blue lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## 17. TAX CERTIFICATION

Under penalties of perjury, I (as the Owner) certify that: (1) the Social Security or Employer ID Number shown in this application is my correct taxpayer identification number, or I am awaiting a number to be issued to me (noted as "Applied for") AND (2) I am not subject to backup withholdings because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholdings as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding (cross out item 2 if the IRS has notified you that you are subject to backup withholding.) and (3) I am a U.S. person (including a U.S. resident alien).

**The Internal Revenue Service Does Not Require Your Consent To Any Provision Of This Document Other Than The Certifications Required To Avoid Backup Withholding.**

## 18. SIGNATURES

By signing below, I/We understand that I/We are acknowledging and agreeing to all of the statements and representations made in this application, including sections entitled, Illustration (if applicable), Agreement and Tax Certification. As Owner(s), I/We accept and adopt as true all of the statements in this application made by the Proposed Insured.

Dated at (City, State): \_\_\_\_\_, on (MM/DD/YYYY): \_\_\_\_\_

Proposed Insured

Print or Type Name

Owner (if other than Proposed Insured)

Print or Type Name

Title \_\_\_\_\_

Countersigned by Licensed Resident Agent (if required)

Other Required Signature \_\_\_\_\_



**PRODUCER'S STATEMENT**  
**(Not a part of the Application)**

**1. REPLACEMENT**

Is replacement involved in this transaction?    ☐ Yes    ☐ No

If "Yes," please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. PRODUCER INFORMATION**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**3. BROKER/DEALER INFORMATION (Variable Cases Only)**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**4. LICENSING**

In what state(s) will this policy/policies be issued? \_\_\_\_\_  
Is the Producer licensed in this/these state(s)? ..... ☐ Yes    ☐ No  
Is the Broker/Dealer licensed in this/these state(s) (variable cases only)? ..... ☐ Yes    ☐ No  
Is the Producer appointed with NYLIAC in this/these state(s)? ..... ☐ Yes    ☐ No  
Is the Broker/Dealer appointed with NYLIAC in this/these state(s) (variable cases only)? ..... ☐ Yes    ☐ No

**5. PLAN SERVICING ENTITY INFORMATION**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Tax ID \_\_\_\_\_

**6. SIGNATURES**

I, the Producer, declare that: (a) the application was secured by me personally, and that I have no understanding or agreement with any other person, directly or indirectly, as to commissions or compensation on any applied for, except as may be specified below; and, (b) I have not paid or allowed, and I agree that I will not hereafter pay or allow, either directly or indirectly to be paid, any compensation or commission other than that specified below, or any rebate or premium in any manner whatsoever.

Dated at (City, State): \_\_\_\_\_, on (MM/DD/YYYY): \_\_\_\_\_

Print Full Name	Signature	Marketer Number	%
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